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ABSTRACT

The study investigated the psychological home environments of 150 trainable mentally retarded (TMR) students and 250 slow learners (largely educable mentally retarded--EMR--and some educationally handicapped--EH). Data were gathered at annual intervals by home interview and school visits. The home interview included structured questions and observations, along with completion of the MOOS Family Environment Scale, and Caldwell HOME Inventory, and the Henderson HELPS. Some first-year scores from these and from interviewer ratings were capable of significantly adding to prediction of student gain in adaptation and adjustment in the second and third years. The basic psychological descriptors of the families were also employed for cluster analyses, yielding a taxonomy of five types of TMR families and seven EMR-EH families. These were validated by ethnographic and other case information and with other data, and were stable over 2 years of the study. (Author/PB)

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Family Variables in the Adjustment of Retarded Children and Youth

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Abstract

This address presents a selection of some findings of our NICHD-supported study of the psychological home environments of mentally retarded school students. Co-investigators Kazuo Nihira and Iris Tan Mink should be considered co-presenters. The subjects were over 150 trainable mentally retarded students (TMR) and over 250 slow learners, largely educable mentally retarded (EMR) with some educationally handicapped (EH). Data were gathered at annual intervals by home interview and school visits. The home interview included structured questions, observations, with completion of the MOOS Family Environment Scale, the Caldwell HOME Inventory, and the Henderson HELPS. Some first-year scores from these and from interviewer ratings were capable of significantly adding to prediction of student gain in adaptation and adjustment in the 2nd and 3rd years. The basic psychological descriptors of the families were also employed for cluster analyses, yielding a taxonomy of 5 types of TMR families and 7 EMR-EH families. These were validated by ethnographic and other case information and with other data, and were stable over two years of the study.

This report is a selection of determinations from an NICHD supported study of the home environment of mentally retarded shcool students. My collegues, Kazuo Nihira and Iris Tan Mink, should be considered co-authors of this report. Our study was motivated in part because almost nothing had been undertaken to look inside the families that had retarded children. True, we had demographic facts relating SES and ethnicity to prevalence and level of mental retardation; we knew family genetics; we knew Farber's classic work on the impact of the child on the family; clinical reports of adjustment cycles, and whether former special class registrants later got married or got jobs. But no one looked at values, parenting practices, expectations, and the like. Because of the push for deinstitutionalization, more has been recently learned about characteristics of those operating small family or foster care homes than about natural homes of DD children. Another colleague, Jan Blacher, and I have surveyed the attachment literature in the instance of DD children. Among scores of attachment demonstrations, generally using Ainsworth procedures, only a few, almost delimited to Down syndrome and to blind children and the cerebral palsied, may be found and these are recent.

Of necessity, this presentation can only sample some of the data that my colleagues and I have collected. Some has been published, other reports are in press, some pieces have been presented otherwise at meetings.

B. Demographic Description of Subjects

Table 1 displays some general characteristics of our subjects. We secured them in four counties of southern California, and we may divide them into the TMR and the EMR/EH groups. The TMRs are in two types of homes, natural and foster care. Two-thirds of our TMR children were in natural homes. Some are in institutions or

convalescent hospitals also, but we did not include them. All the TMRs are in State of California Developmental Disability rolls. Almost all of the EMR/EH students lived in natural homes or with close relatives. Most are not on the Developmental Disability rolls. EH stand for Educationally Handicapped or learning disabled or LD children, by definition not mentally retarded, but demonstrating severe achievement deficit. We delimited selection of EH students to those with IQs up to 85, which used to qualify them for EMR placement before the rules were changed.

The data show the expected biases with social class, minority ethnic status, and other demographic variables. The EMR and EH natural homes have a lower status than the TMR natural homes and have more minority representation. The TMR foster care homes validate a previous finding, that the parents are older and have a low SES, signifying an economic need to be in the careproviding business. Not shown here is another fact about foster careproviders. While 92 percent of the children in our TMR sample in foster care homes are white, about half the careproviding parents are minority. In contrast, the ethnic distrubtion for the TMR/NH natural parents is representative of the State as a whole except lower in black families.

In the EMR/EH families one finds a serious absence of a father figure, especially of the biological father, in about half the homes. In addition, the sex bias is present, more boys than girls; in EH it is several boys to one girl. Among TMR, about 40 percent or more are Down syndrome. This would not be true today. We identified these children in the mid 1970s and their presence in school represents California's admissions at the time, excluding the more severely impaired. As you know, federal and state legislation now includes the most severely impaired and multiply impaired, so that our TMRs would be far different than they are here, and with different program titles.

The Prediction of Child Status from Environmental Data

A principal aim of the study was to relate child adjustment and development at home and school to factors of the home environment. The principal dependent variables are shown in Table 2. They include the five factor scores of the Adaptive Behavior Scale, secured independently at both home and school, ratings of the impact of this child on the family and on marital harmony, psychological and social adjustment at school and home, and especially for TMR students, various measures of social status and self-concept. These were secured through observation and teacher completion of ratings and other instruments, and included the Coopersmith Self Concept and the Muller-Leonetti Self-Esteem measures.

The home environment data were obtained by trained interviewers, mostly substitute teachers, who secured much data by direct questions and observations and by completing post-interview material. The parent or other respondent also completed some instruments, such as the MOOS Family Environment Scale. As we show later, we spiced and validated the interviews with ethnographic participant observation and some extra, intensive interviews with selected cases.

Some home measures might be mentioned. We depended, for the TMR groups, upon the Caldwell HOME, (Home Observation for Measuring Environment), developed for normal preschool age observations of mother with child. We found it to work very well with our school-age TMRs and their mothers. It requires observation of the mother with the child and takes a good look around the home to size it up for child-rearing features. We found useful also the post-interview Home Quality Rating Scale, which yields five factors, one of which, Harmony and Quality of Parenting, proved worthy in several contexts.

We have far more data than can be adequately samples here, but let me show some illustrations. Table 3 indicates some predictions we have for school behavior from home variables, on 10% TMR/NH children. The data are similar to those we can show for adjustment in the home as related to home variables. Some special interest is lodged in predicting school behavior from home environment, however, because of how it bears on the eternal question of causal direction. A completely committed Watsonian behaviorist has no problem with causality at all, believing behavior is almost completely a function of conditioning, incidental or intentional. A Chomsky, a Gesell, or other maturationist would feature inborn direction. The child development people, not necessarily attached to an ism, openly speculate whether the child's performance causes parental treatment or vice versa. More and more they are inclined to speculate, following Sameroff, about whether asking causal questions is the appropriate manner of interpreting parent-child information. They prefer to pose that the interaction is the thing that matters, that parent-child interaction is a dance, a two-person unity, that grows, losing its origins. Certainly this has been demonstrated in the nature of attachment formation.

Now, our data may bear upon causality, as it is not easy to believe that the TMR child's school adjustment, his or her self-esteem, social status, conformity behavior, and the like can influence parental treatment at home. The opposite is far easier to accept, that the home treatment helps guide the child's activity, conduct, and social characeristics that are then exhibited at school. Without speculation about cause, however, let's look at some of the relationships.

In considering the data in Table 3, it is well to stress that rarely, in the history of parent-child correlations, do correlations rise to .50 or above, and this would be so only for characteristics measured with high reliability, and when the

same characteristic is sampled in both generations, as with IQ. Otherwise correlations of .40 are relatively high, even if anemic on an absolute scale. The data of the table, then, show what we have found in relating home environment scorès to school adjustment of the TMR students.

We note several interesting and strong relations with the scales of the Caldwell HOME. Stimulating the child through equipment, toys, and experience at home relates well to social status in the school, self esteem, and negatively with misbehavior as well as negatively with maladaptvie behavior scores on the ABS secured at school. Stimulation of mature behavior likewise relates to maturity, primarily at home as shown here, less to school. Avoidance of restriction and physical punishment helps social status in school, and so-on. The Home Quality Rating Scale, with the subscale, Harmony and Quality of Parenting, is good for self-esteem and other measures at school. I again stress that home measures and school measures were separately and independently secured, by different people.

We have similar relationships of parent-environment and child scores for the same year, for predicting child status in a given year from environment scores secured in a previous year. In all instances, as with the school data just shown, relationships, though not striking, are in expected and sensible directions. For example, not using restriction and physical abuse always comes out on the right side, and so does having language and maturity stimulation at home.

Table 4 illustrates just one sample of data, predicting dependent or child status variables for the second year from the first year environment scores secured by the interviewer. The predicted variables in the second year are five adaptive behavior scores, secured in the home, and three other scores, impact of the child on family and marital adjustment, and the child's psychological and social adjustment.

For these 121 TMR/NH children, we see that the correlation of the dependent variable scores in the second year with those of the first year is high, so that a lot of variance, shown in the multiple R in the second line, is taken up, leaving little to be predicted from environmental scores. Nevertheless, environment adds significant prediction, as can be seen, for all of the eight dependent variables over one year of time.

This is to be interpreted against a large background of information about prediction of status in mentally retarded residents. Repeatedly, Eyman has shown, that with institutional residents, living a highly stable life under very protected and well-served circumstances, there is so little variance to predict that one cannot show what environmental variables do make a difference, even though we have confidence that they do. It is ethically not possible to conduct deliberately modified environmental variations to make sure of this belief. These TMR students also live in stable circumstances, and given no turmoil in the home, the high correlation between year one and year two scores precludes showing all that the environment can do.

The EMR/EH students are near-normal and cannot be perceived as different from their nonhandicapped age peers except on measures or observations of academic or cognitive behavior. EMR/EH students are permitted more freedom as they get older, and further, given the low SES and often fatherless families, there is more variety to their lives, more critical stress events in the families, more problems of adolescent adjustment. Thus between-year correlations on dependent variables are lower, and we are permitted to see more effects of environmental context on change from one year to another. Table 5 illustrates this with a set of data, like that just shown, predicting year 2 scores from year one environment. In this instance,

we were able to show that environmental variables made significant contribution to the multiple regression in six out of the eight dependent variables. In both these tables one may see the effects of partialling out the first-to-second year covariance of the student scores on the correlation of environmental variables with student scores. That is to say, the environmental variable has correlated with both year 1 and year 2 scores of the students; thus in the regression equation, a lot of correlation is taken away, as shown in the residual or partial r's. Thus, understandably significant correlations of an environmental variable with a student variable get wiped out.

We are proceeding with data analysis on two fronts. One front is to apply more sophisticated analysis procedures to year-to-year data to tease out causality direction, if any can be determined. We are also putting families into path analyses. We've attempted to determine the effect of experiencing critical life events on in-family relationships. Some highlights should be mentioned. Earlier it was pointed out that the TMR groups we had were composed of about 40 percent Down syndrome children and 60 percent others. We found that for some data analyses it was wise to fractionate the TMR group by the Down syndrome presence or absence. Similarly, two fractionating principles are found meaningful with the EMR/EH group, taken separately or together, Sex is one. More boys are involved, especially in EH, and some relationships differ with them. Within the male EMR/EH group another variable of significance is the presence vs the absence of a paternal figure. The EMR/EH boy, already different through his school inadequacy, who lives with a single-parent family, is vulnerable to a variety of influences that are not wholesome.

A second front of analysis is to go with Sameroff and others, to ignore causality of parent and child scores in favor of an approach that considers interaction

as the proper focus. Many developmental writers today have adduced multitudinous data to show that predictions from early status don't hold. Babies injured at birth don't necessarily fulfill the Passamanick-Knobloch continuum of reproductive casualty. Neither purely behavioral nor maturational hypotheses have found comfort in the empirical growth data, and a new generation of theorizing is with us. The essentials are that a lot of variables, not to exclude SES and parent values, ethnicity, good or bad luck, and the like, interact with the child's hereditary and neonatal influences in a continuous set of transactions that defy prediction from single elements of gene or environment. That is to say, to cite Sameroff and others, each parent-child interaction is a unique phenomenon considered in the family context, support networks, and available secondary careproviders.

To talk of uniqueness of family dynamics is a bit ascientific; how to make a science out of individual cases presents a challenge. In our team, Dr. Iris Tan Mink has taken the initiative to exercise an analysis technique that attempts to put some nomothetic order into such idiographic data (Mink, Nihira & Meyers, in press). She has reasoned that, if one can find classes or a typology of families, such that each family belongs to one on all principal variables and is not easily a member of another cluster, then some scientific generalization and prediction may be possible.

The procedure in question is cluster analysis. It is an objective approach to forming classifications or taxonomies, and is much employed in biology to determine the best fitting class, genus, and species of a plant or animal specimen. By computer iterations the procedure secures the greatest interclass difference with the greatest intraclass likeness, observing objective criteria in the form of Euclidean space. The computer generates new classes till one can, if one wants, get down to one class for each family. That however would defeat the purpose of establishing some

generality, so one stops at a reasonably small number. Here, investigator judgment enters, to select the smallest number of classes that make sense. Cluster analysis is not new, but has only recently entered the study of families, as with analysis of families having clinical problems, or those of families having delinquent vs nondelinquet members.

We employed the basic family descriptors employed by out interviewers. These (Table 2) slightly differ between the TMR/NH and the EMR/EH groups. The Caldwell HOME is inapproriate for the EMR/EH groups, so the Henderson HELPS was employed with them. Both groups were measured by the Moos Family Environment Scale and the Home Quality Rating Scale. The Moos was reduced from 10 to 6 factor scores by our own study. We analyzed the data by the so-called K-means clustering procedures described by Engleman et al., (1979). Various sets of clusters were examined, and it appeared that 5 were the best fit for the TMR data. Shown here are the clusters arrived at for the data in the third year. The same analysis was made with year 1 data, and the two sets of profiles were essentially the same, indicating basic reliability for the procedures and their determinations.

With the five types of families thus established, we sought validating material of two kinds. First, we had had a couple of Edgertons's best ethnographic visitors to make and maintain contact with a few homes. They had only identifying knowledge of our families, but they soon could describe the lives and fortunes of the families as they became intimately acquainted. We also had more intensive interviews with other families. Each of these extra steps was validate the basic annual data that the interviews secured. The information served as the most effective type of validation of the membership of the particular few families in the typology in which the computer put them.

The second validation was this. The typology was determined by the basic descriptors employed. But we also had data on the parental perception of the child, the impact on the home of that child, the attitude toward school, and more. Thus some validating information could be supplied from other information. Time permits only a brief overview of the results, with the five-way typology of the TMR/NH group first. See Figures 1 - 5.

Cluster 1: Cohesive, harmonious. 35 families, with high moral-religious values. Validating data showed their high acceptance of the child, and absence of negative child impact on the family or the married life; the families experienced minimal stressful life events. Two-thirds of the TMR children were Down syndrome, the highest frequency among the five groups. The relatively high winsomeness of the Down children helped families to accept them.

Cluster 2: Control oriented, somewhat nonharmonious. 34 families, with good physical environment but not ideal for child rearing. Stress on social maturity with a controlled, organized family life, and use of physical punishment. Validating information showed high sharing of child care between parents, most mothers working, and maintaining the highest level of socioeconomic existence among the clusters, and avoidance of stressful life events.

Cluster 3: Unharmonious, low-disclosure. 7 families scored very low by interviewers on openness and on awareness of the child's condition. Used physical punishment, were non-expressive in the community. Seeming to dny the child's condition, the parents were guarded in behavior, they pushed for social maturity and had high achievement expectation. They reported lost of stressful life events.

Cluster 4: Child-oriented, expressive. 27 families, concerned with the children's welfare. Lots of pride and affection, stimulation of language, avoidance of punishment, low in moral religious emphasis; a lot of single parent families included.

Cluster 5: Disadavantaged, low morale. 12 families. Little demand for or encouragement of maturity, little expression of love and warmth, low in most variables believed good for child development. Child considered to have a negative impact on family living, and the family was subject to stressful life events.

Each cluster makes sense in its own right, and each reminds one vividly of some family in the study. Two of the clusters, 1 and 4, may be said on common-sense bases to be good for children, and clearly two are not so good.

A similar procedure was applied to the EMR/EH group. Family descriptors included the 6-factor Moos Family Scale and the 5 factors of the Home Quality Rating Scale. The Caldwell HOME omitted, we used the Henderson HELPS with its 3 factor scores. The computer iterated a variety of outcomes, a 7-cluster solution seeming to be best. As with the TMR clusters, validating data helped make sense our of the groups thus formed. As said before, there is more variety and change in the EMR/EH families and their children, more crises,, more single parent homes. It is no surprise that it takes a more complex description. See Figures 6 - 12.

Cluster A: Child-oriented, concordant. 21 families. Two features stand out, support at home of school achievement, with harmony and concordance in the family. Yet achievement expectancy is not strong, indicating that the child's handicap is accepted. The impact of the child is regarded minimal on family life. The children have the lowest average IQ among the 7 groups, suggesting that there is no ambiguity in the families' understanding that handicap is present. Goood adjustment of the children is indicated both at home and school, though school achievement is not high.

Cluster B: Learning-oriented, somewhat discordant. 58 families. They provide not only for school learning but also show high expectation of child achievement. They have the highest average SES and living conditions among the 7 groups, hence probably represent middle-class ambition, projected onto the child. Yet the families are only average or below average on psychological factors such as concordance. The children show good adaptive behavior and school achievement.

Cluster C: Low disclosure, unharmonious. 19 families. Like their analogs in the TMR families, they lack harmony, tend to deny the handicap, report lots of stressful life events, and among them are many marginally adjusted marriages with low child acceptance. The school achievement and adjustment are low. One potentially significant statistic is that the children in question are almost entirely males, while half of the families are of minority status.

Cluster D: Disadvantaged, with little concern for the child. 18 families. The profile shows the families low in nearly every attribute, including low cohesion and harmony. Low control, cohesion and harmony suggest an absence of family solidarity and organization. Fathers tend not to assist in household work or child rearing. The children show relatively high maladaptation in home and school and also poor adjustment.

Cluster E: Achievement-oriented, but non-learning supportive. 39 families. The name of achievement-oriented is due only to the fact that the score is a modest high point in an undistinguished profile. They have low SES and low residential area. Familiy size is the largest in the 7 groups, and nearly hald are of minority ethnicity. Intersibling rivalry reported. Children manifest average achievement and conduct at school.

Cluster F: Expression-oriented, with few sociocultural interests. 27 families. Scores tend to be low except for expression on the Moos Family Environment Scale. They do little to promote child development and seem to be stay-at-homes. As in Cluster 1, the fathers help with the work, and the child and his handicap are accepted and are reported not to affect the marriage. The children just get by in school.

Cluster G: Outer-directed, with little achievement orientation. 34 families. They score high on the community involvement scale of the HELPS but show no other distinguishing indicators on the profile, except low points on expression and achievement orientation. The families report a high incidence of stressful life events; their attitudes toward the child are non-accepting. The children's achievement and conduct at shcool are unremarkable.

The determination of the family types or clusters has value, as indicated before, of putting nomothetic scientific order into individual cases. We do not plan to stop and gaze at our production, but have several other leads to pursue, relating adjustment phenomena and critical life events to the study of changes in type membership through the data that we have and, if funded appropriately, into the future. We have plans for and have already started to do some follow-up of the young people as they depart school and enter employment, job training, or sheltered workshop. There is much to be done.

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Table 1

Biodemographic Information

About the Subjects

	TMR/NH N = 137 Percent	TMR/FC N - 60 Percent	EMR N = 217 Percent	EH N = 65 Percent
Family SES by Duncan SEI (mean)	(45.6)	(26.4)	(32.8)	(38.7)
Percent in Lower Status (Duncan 0-29)	27	51	35	32
A Father Figure Present	82	88	77	69
Father Figure is Biological Father	72	0	56	49
Mother's Education, Grade Level (mean)	(12.1)	(11.7)	(11.6)	(12.1)
Mother's Age, Years (mean)	(40.8)	(47.7)	(35.6)	(36.2)
Ethnicity, Students				
White	77	92	74	61
Black	3	2	10	23
Hispanic	12	3	9	8
Other	8	3	7	8
Subject Age, First Year (Years, mean)	(10.7)	(11.8)	(10.7)	(10.7)
Range, First Year	(7-15)	8-15)	(7-14)	(7-13)
IQ (mean)	(40.4)	(39.4)	(69.8)	
Percent Males	56	56	62	
Percent Down Syndrome	43	49	0	

Code:

TMR/NH: Trainable Mentally Retarded Students,in Natural Homes
TMR/FC: Trainable Mentally Retarded Students, in Foster Care
EMR: Educable Mentally Retarded Students
EH: Educationally Handicapped Students (Learning Disabled)

Table 2

MEASUREMENTS OF THE HOME ENVIRONMENT

Caldwell HOME (Home Observation for Measurement of the Environment. Factor Scores. TMR homes only.

- Provision of stimulation through equipment, toys, and experiences
- Stimulation of mature behavior
- Provision of a comfortable physical and language environment
- Avoidance of restriction and punishment
- Pride, affection, and thoughtfulness
- Masculine stimulation
- Independence from parental control

Henderson HELPS (Henderson Environmental Learning Process Scale. EMR/EH homes only.

- Extended interests and community involvement
- Providing a supportive environment for school learning
- Educational expectations and aspirations

Moos FES (Family Environment Scale. All groups. Our factor scores.

- Cohesion vs conflict
- Intellectual-cultural and active recreational orientation
- Control
- Achievement orientation
- Expressiveness
- Moral-religious emphasis

Home Quality Rating Scale. 5 factor scores. All groups.

- Harmony of home and quality of parenting
- Concordance in support of child care
- Openness and awareness of respondent
- Quality of residential environment
- Quality of residential area

DEPENDENT (CHILD STATUS) VARIABLES

ABS, Adaptive Behavior Scale (Home and School)

- PSS Personal self-sufficiency
- CSS Community self-sufficiency
- PSR Personal-social responsibility
- SOC MAL Social maladaptation
- PRS MAL Personal maladaptation

IMPCT Impact of child on family and marriage

PSY ADJ Psychological adjustment

SOC ADJ Social adjustment

Self Concept (Home and School)

Coopersmith Self-Esteem (School)

Muller, Leonetti Primary Self Concept Inventory (School)

Teacher Rating Scale (School).

Table 3

Some Relations of Home Environment as Rated by Interviewers with Home and School Adjustment of TMR Children

	r
CALDWELL HOME INVENTORY, Stimulation through Equipment, Toys, and Experiences	
Social status rating (school)	.33
Self-esteem (school)	.24
Misbehavior (school)	-.38
ABS social maladaptation (school)	-.36
ABS personal maladaptation (school)	-.26
CALDWELL HOME INVENTORY, Stimulation of Mature Behavior	
ABS community self-sufficiency (home)	.32
ABS personal self-sufficiency (home)	.29
Academic concentration (school)	.26
ABS personal maladaptation (home)	-.32
ABS social maladaptation (home)	-.29
Misbehavior (school)	-.28
CALDWELL HOME INVENTORY, Avoidance of Restriction and Punishment	
Social status rating (school)	.26
CALDWELL HOME INVENTORY, Independence from Parental Control	
Social participation (school)	.26
Outgoing-expressive (school)	.25
ABS personal maladaptation (school)	-.25
HOME QUALITY RATING SCALE, Harmony and Quality of Parenting	
Self-esteem (school)	.39
Outgoing-expressive (school)	.29
Social status rating (school)	.26
ABS personal maladaptation (school)	-.37
ABS personal maladaptation (school)	-.30
Misbehavior (school)	-.33

ABS: Adaptive Behavior Scale

Note: Based on data from Nihira, Mink, and Meyers (1981).

TABLE 4

Prediction of Second Year Student Status from First Year Environmental Variables. Multiple Regression. TMR/NH, N = 121

DEPENDENT VARIABLES

	PSS	CSS	PSR	SOC MAL	PRS MAL	IMPCT	PSY ADJ	SOC ADJ
r, Yr 1, 2	.85	.90	.72	.67	.68	.62	.45	.72
R^2 Yr 1, 2	.71	.81	.52	.47	.38	.45	.20	.52
R^2 with sig. env. vars.	.77	.83	.60	.60	.64	.46	.40	.58
Sig. of added vars	.005	.005	.001	.001	.001	.01	.001	.005

TABLE 5

Prediction of Second Year Student Status from First Year Environmental Variables. Multiple Regression. EMR/EH, N = 239.

DEPENDENT VARIABLES

	PSS	CSS	PSR	SOC MAL	PRS MAL	IMPCT	PSY ADJ	SOC ADJ
r, Yr 1, 2	.64	.77	.60	.67	.59	.50	.50	.68
R^2 Yr 1, 2	.41	.59	.36	.45	.34	.25	.25	.46
R^2 wi sig add vars	.42	.62	.44	.46	.40	.35	.29	.50
sig of added vars	ns	.001	.001	ns	.005	.001	.01	.001

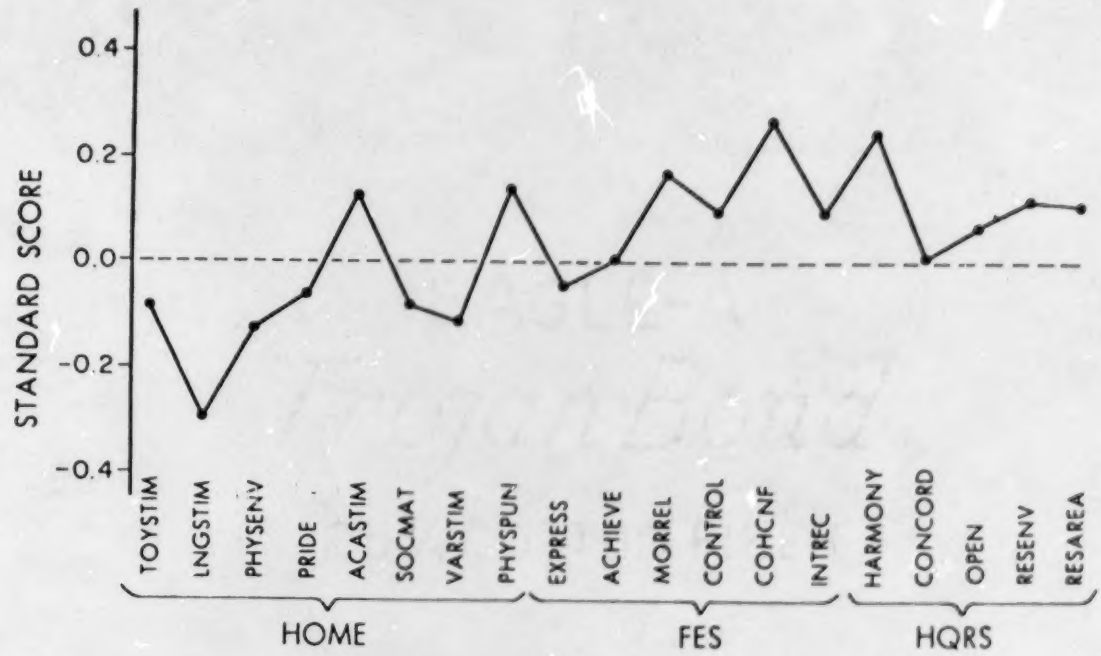

Figure 1. TMR, Cluster 1: Cohesive, harmonious family. N = 35

Note--Figures 1-5 taken from Mink, Nihira & Meyers, in press.

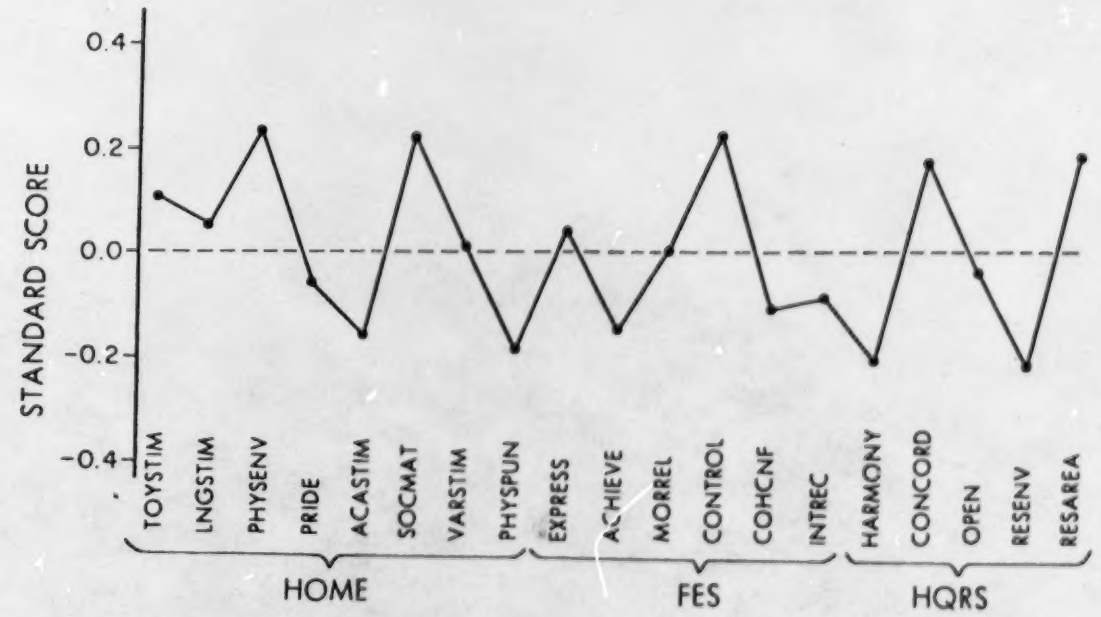

Figure 2. TMR, Cluster 2: Control-oriented, somewhat unharmonious family. N = 34.

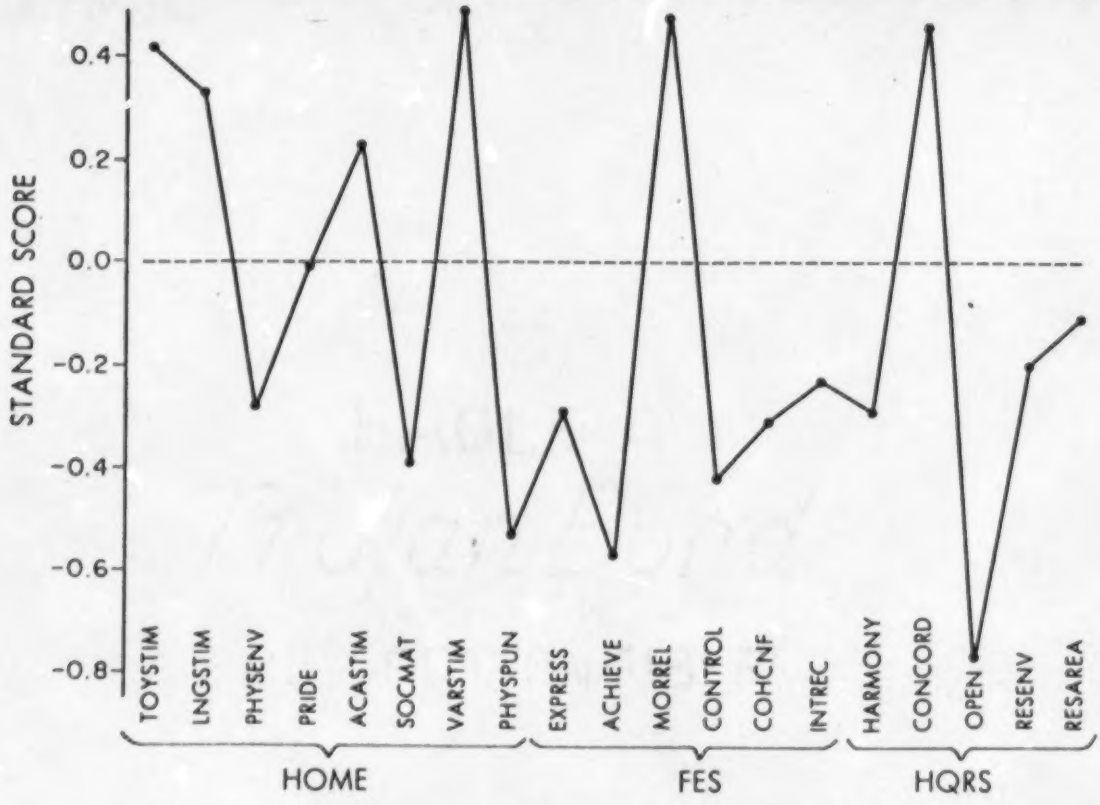

Figure 3. TMR, Cluster 3: Low disclosure, unharmonious family. N = 7.

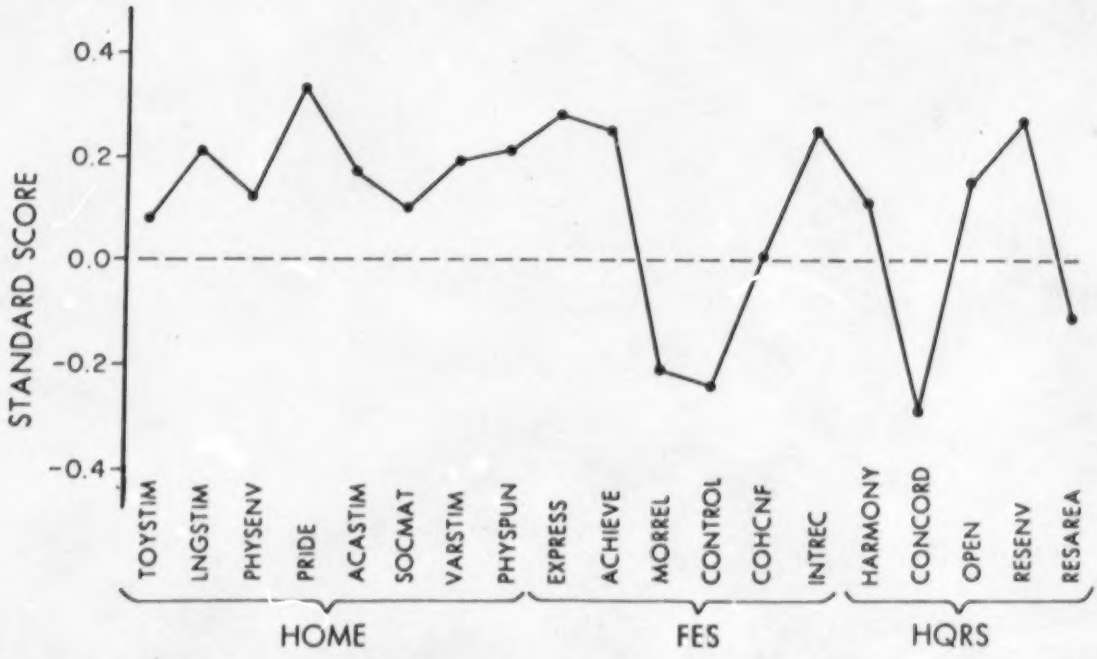

Figure 4. TMR, Cluster 4: Child-oriented, expressive family. N = 27.

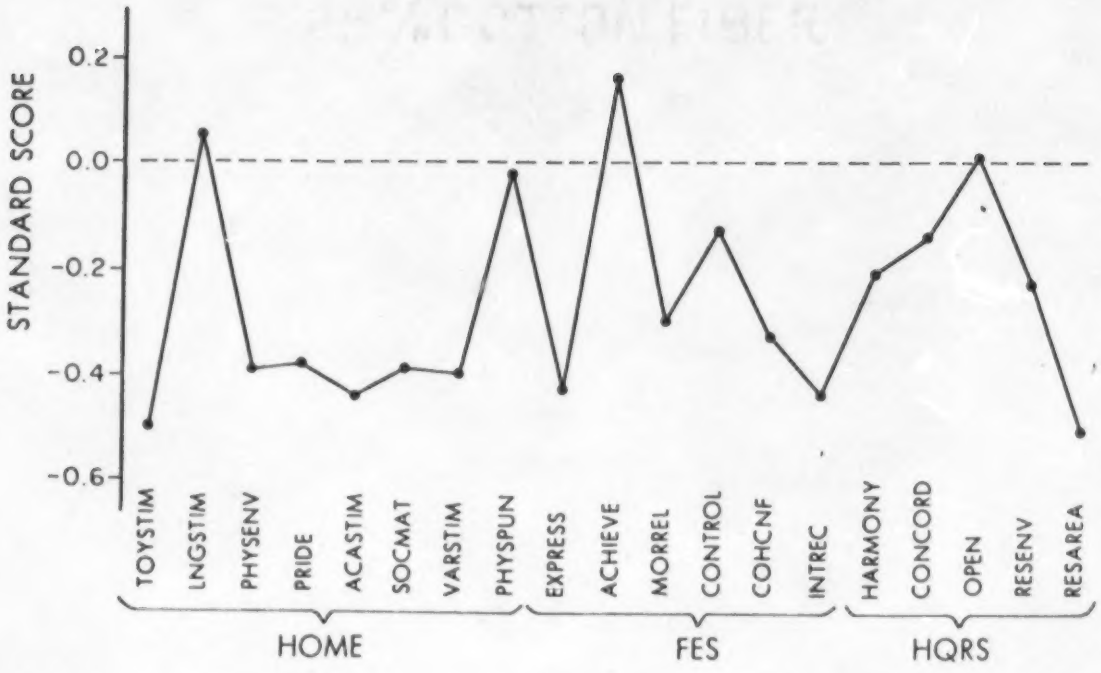

Figure 5. TMR, Cluster 5: Disadvantaged family with low morale. N = 12.

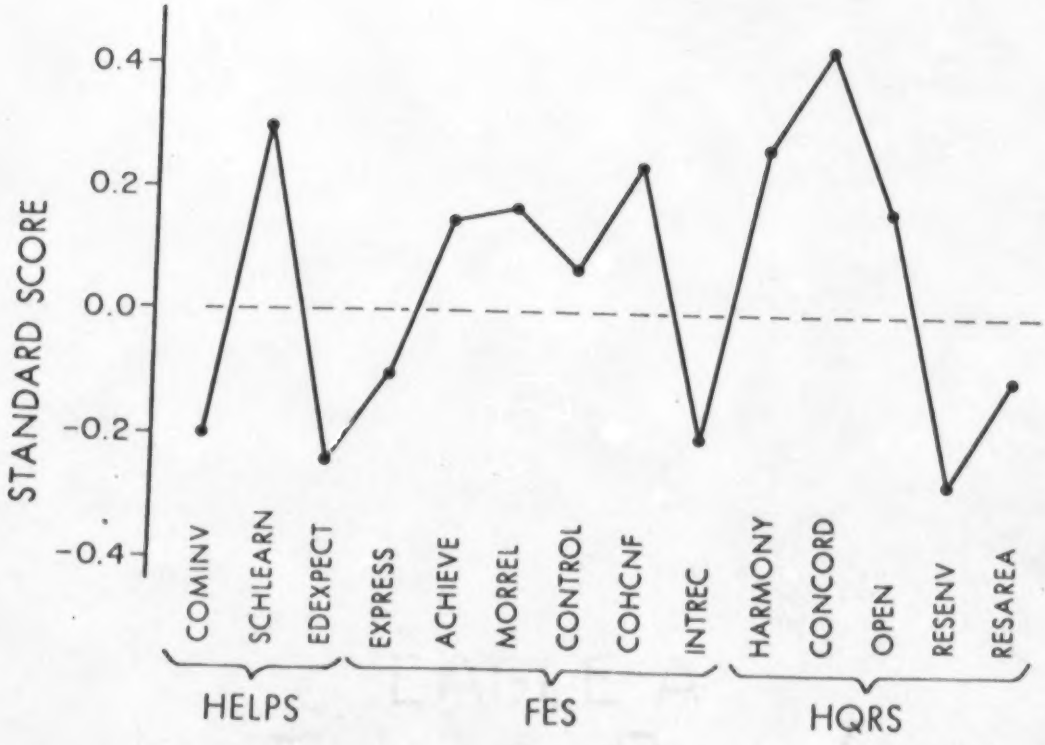

Figure 6. EMR-EH Cluster A. Child-oriented, concordant family. N = 23.

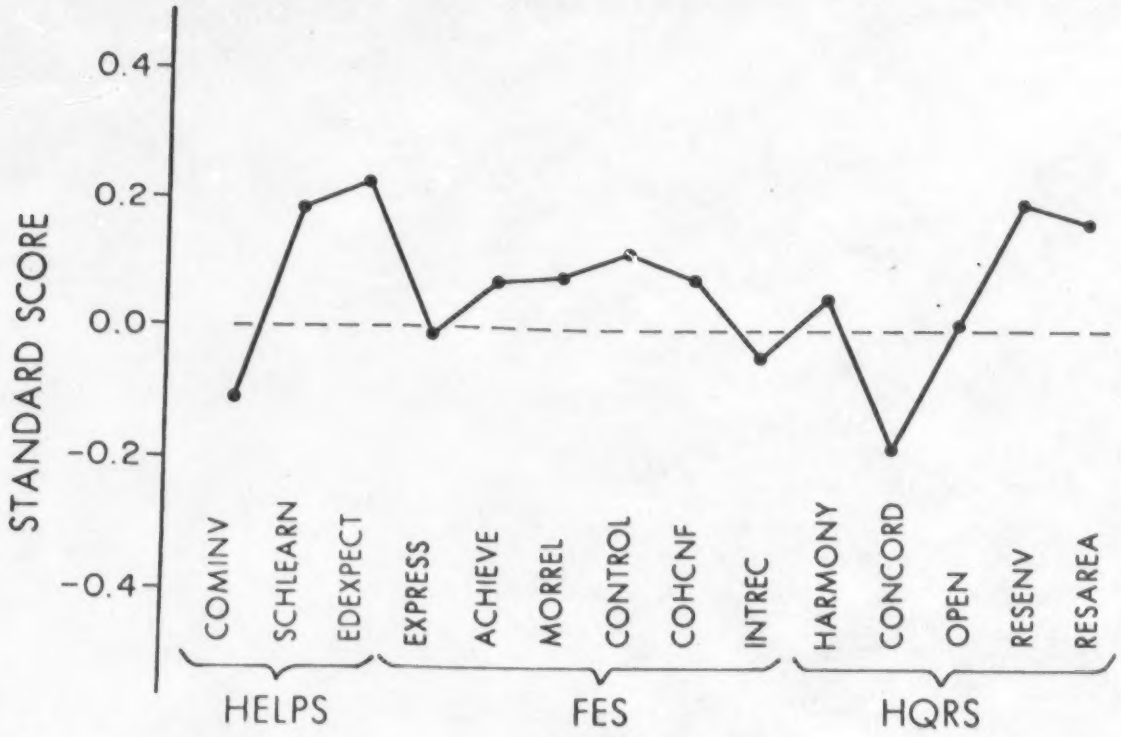

Figure 7. EMR-EH Cluster B. Learning-oriented, somewhat discordant family. N = 58.

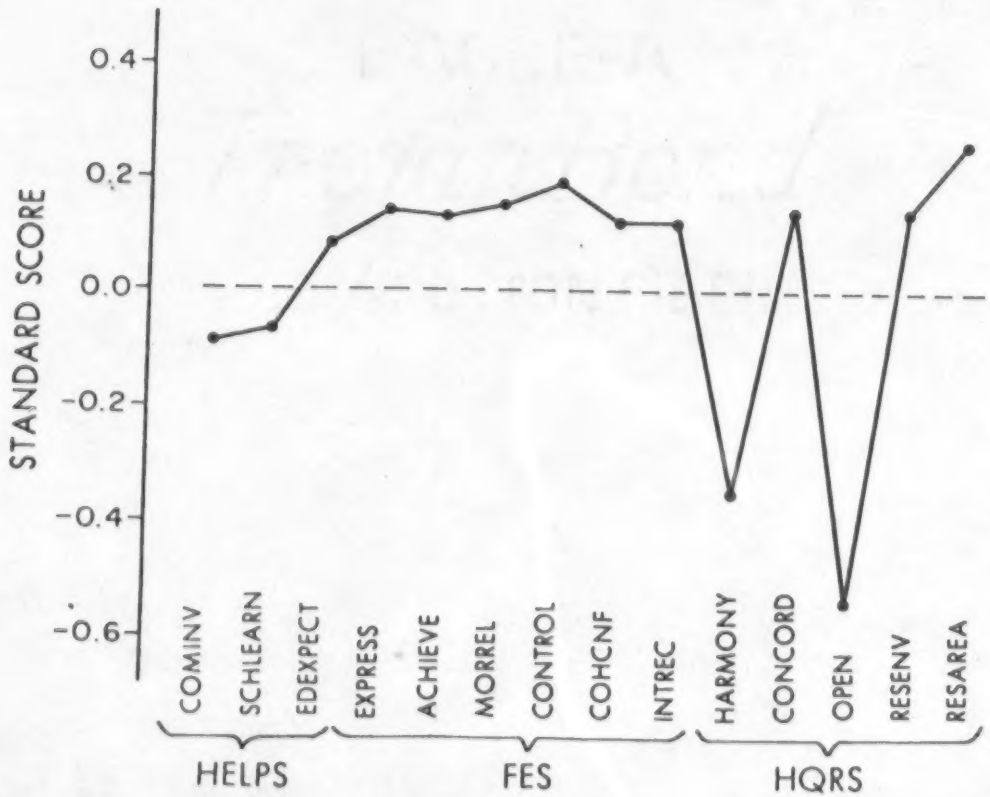

Figure 8. EMR-EH Cluster C: Low disclosure, unharmonious family. N = 19.

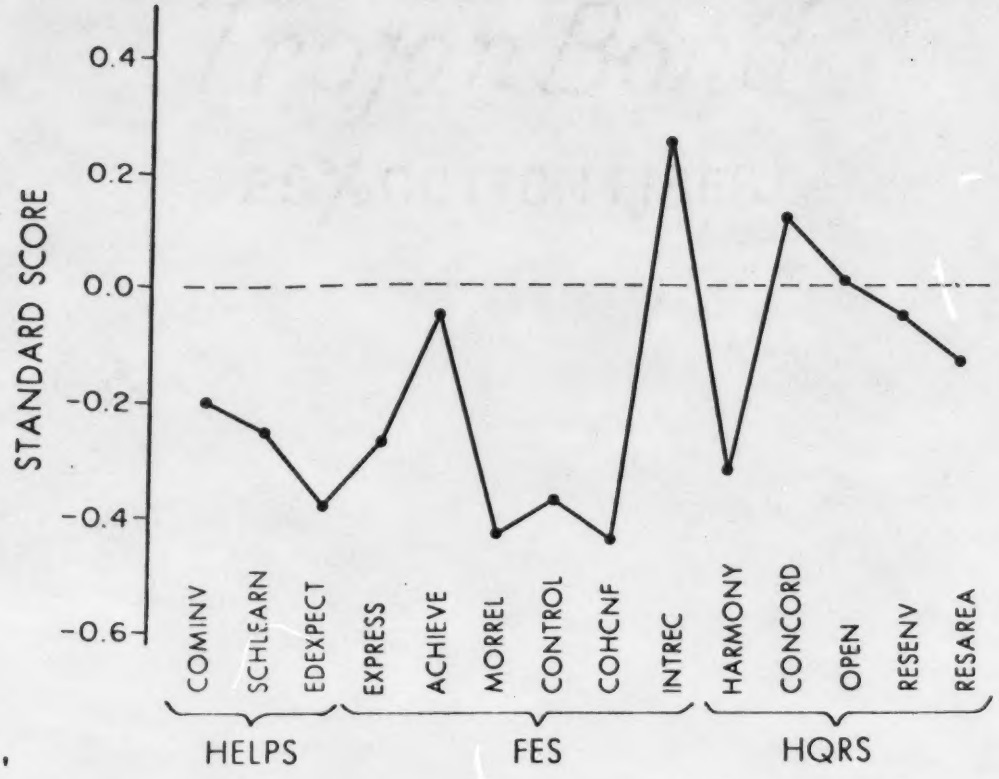

Figure 9. EMR-EH Cluster D: Disadvantaged family with little concern for the child. N = 18.

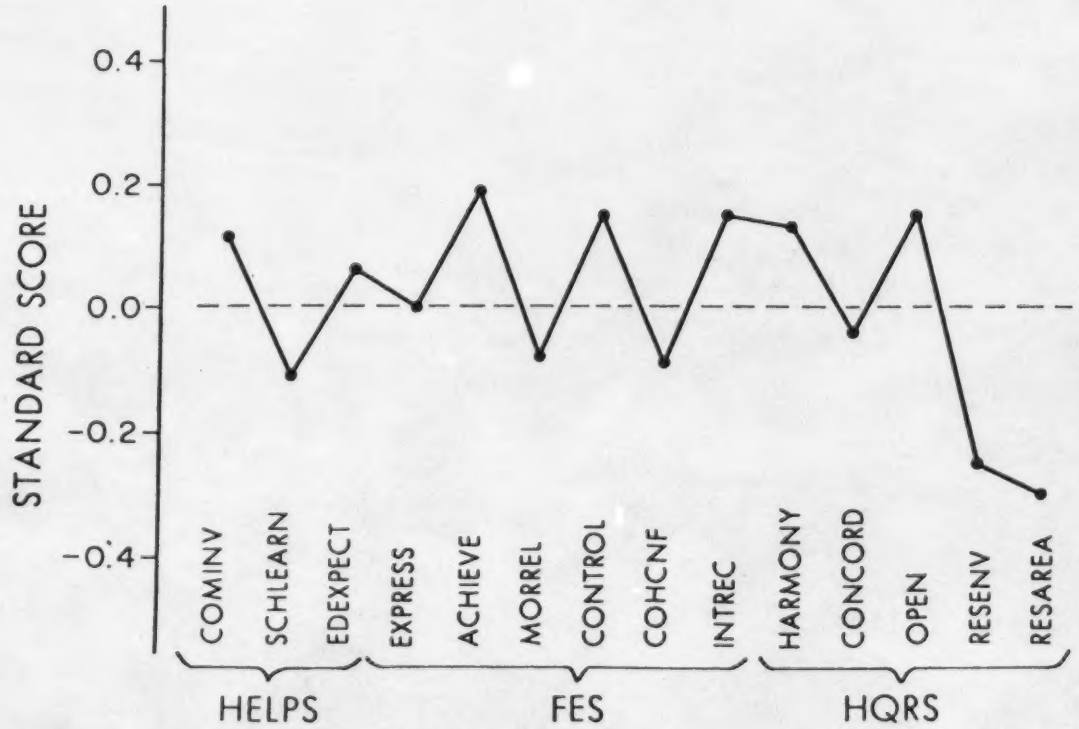

Figure 10. EMR-EH Cluster E: Achievement-oriented, non-learning supportive family. N = 39.

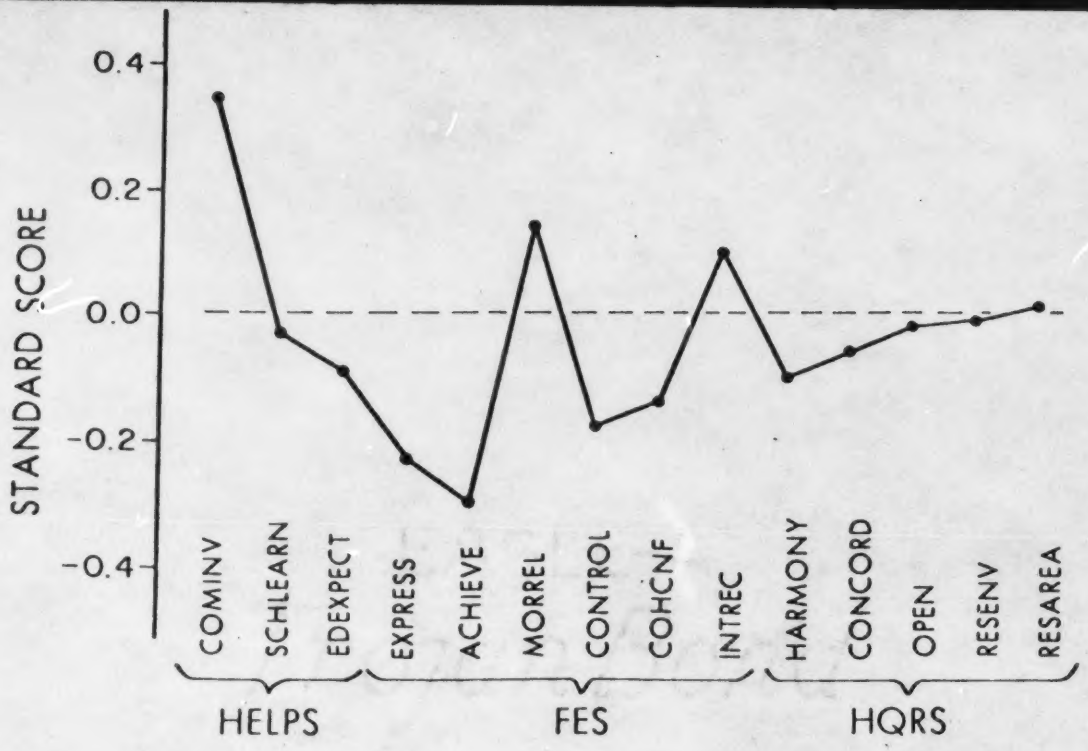

Figure 11. EMR-EH Cluster F: Expression-oriented family with few socio-cultural interests. N = 27.

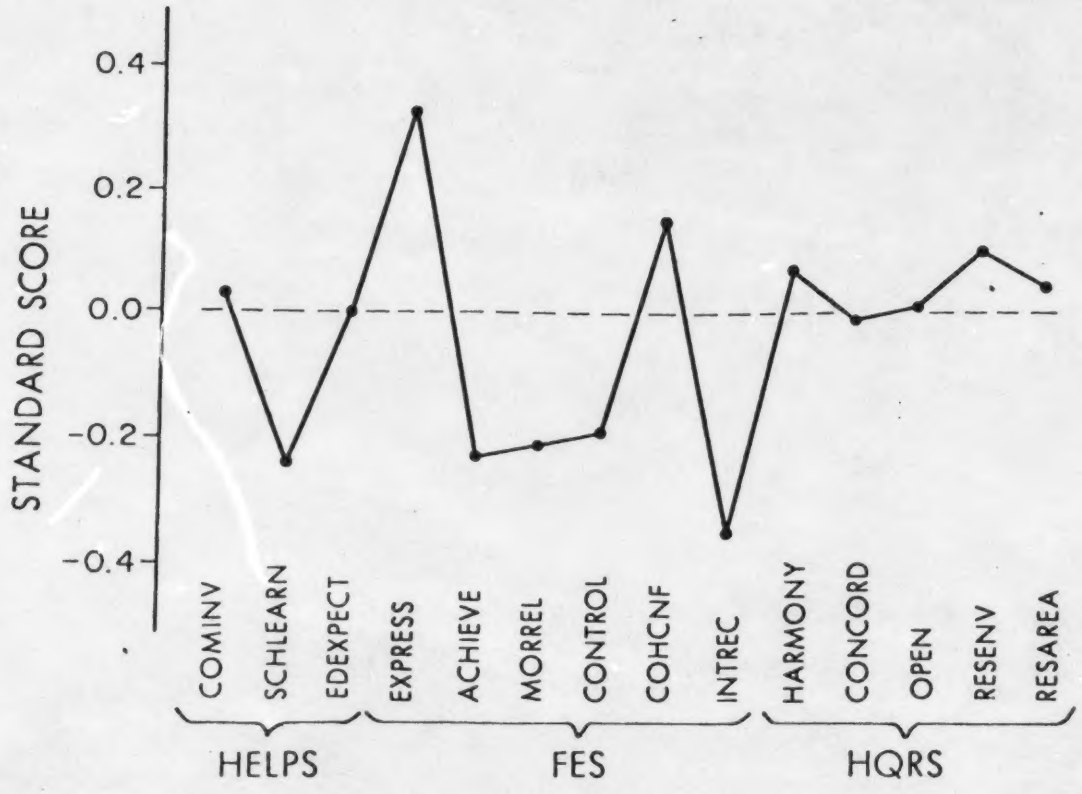

Figure 12. EMR-EH Cluster G: Outer-directed family with little achievement motivation. N = 34.